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JAN 23 2006

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/912,814
		Filing Date	07/24/2001
		First Named Inventor	Luc Haumonte
		Examiner Name	Mew, Kevin D.
		Art Unit	2664
TOTAL AMOUNT OF PAYMENT (\$) 450.00		Attorney Docket No.	P15422

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Two-Month Extension of Time

Fees Paid (\$)
450.00

SUBMITTED BY			
Signature	/s/Michael A. Proksch/Reg. No. 43,021/	Registration No. (Attorney/Agent)	43,021
Name (Print/Type)	Michael A. Proksch	Telephone	503-264-3059
		Date	January 23, 2006

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Intel Corporation
2111 Ne 25th Avenue, MS: JF3-147
Hillsboro, Oregon 97124

ATTORNEY CONFIDENTIAL

Intel Legal Team

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Fax

Page 1 of 20

Urgent

Confidential

Date: 23-Jan-06

To:
Examiner: Mew, Kevin D.
USPTO

Fax:
(571)-273-8300

Art Unit:
2664

From:
Michael A. Proksch
Intel Corporation

Fax:
503-264-1729

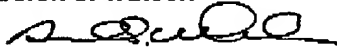
M/S:
JF3-147

Subject: Application No.: 09/912,814 Docket #: P15422
Filed: July 24, 2001 Inventor: Luc Haumonte

I hereby certify that the below listed correspondence is being facsimile transmitted to the USPTO to: Mail Stop: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on January 23, 2006.

Derek S. Watson

Date: January 23, 2006



Message:

Included in this transmission:
Fax Cover Sheet (1 page)
Transmittal Form (1 page)
Fee Transmittal (1 page submitted in duplicate)
Request for Two-Month Extension of Time (1 page)
Response to Office Action (pages)
Replacement Fig (1 sheet)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/912,814	
	Filing Date	07/24/2001	
	First Named Inventor	Luc Haumonte	
	Art Unit	2684	
	Examiner Name	Mew, Kevin D.	
Total Number of Pages in This Submission	20	Attorney Docket Number	P15422

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Intel Corporation	
Signature	/s/Michael A. Proksch/Reg. No. 43,021/	
Printed name	Michael A. Proksch	
Date	January 23, 2006	Reg. No. 43,021

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Derek S. Watson	Date 01-23-2006

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/912,814
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 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

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 Deposit Account Name: Intel Corporation

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Total Claims Extra Claims Fee (\$)
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Indep. Claims Extra Claims Fee (\$)
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Request for Two-Month Extension of Time	450.00

SUBMITTED BY			
Signature	/s/Michael A. Proksch/Reg. No. 43,021/	Registration No. (Attorney/Agent)	43,021
Name (Print/Type)	Michael A. Proksch	Telephone	503-264-3059
		Date	January 23, 2006

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